

## CHAPTER 135N

### HEMOPHILIA ADVISORY COMMITTEE

Chapter effective March 30, 2007, pursuant to  
2007 Acts, ch 31, §7, if funds appropriated;  
FY 2007-2008 appropriation made for  
hemophilia advisory council and this chapter  
in 2007 Acts, ch 218, §97; 2008 Acts, ch 1187, §62, 94, 97

135N.1	Short title.	135N.4	Membership.
135N.2	Legislative intent and findings.	135N.5	Meetings.
135N.3	Establishment and duties of hemophilia advisory committee.	135N.6	Report required.

#### 135N.1 Short title.

[This chapter](#) shall be known and may be cited as the “*Hemophilia Advisory Committee Act*”.  
2007 Acts, ch 31, §1, 7

#### 135N.2 Legislative intent and findings.

1. It is the intent of the general assembly to establish an advisory committee to provide recommendations on cost-effective treatment programs that enhance the quality of life of those afflicted with hemophilia and contain the high cost of that treatment.

2. The general assembly finds inherited hemophilia and other bleeding and clotting disorders are devastating health conditions that can cause serious financial, social, and emotional hardships for patients and their families. Hemophilia and other bleeding and clotting disorders are incurable, so appropriate lifetime care and treatment are necessities for maintaining optimum health. Advancements in drug therapies are allowing individuals greater latitude in managing their conditions, fostering independence, and minimizing chronic complications. However, the rarity of these disorders coupled with the delicate processes for producing factors and administering anticoagulants makes treating these disorders extremely costly.

2007 Acts, ch 31, §2, 7

#### 135N.3 Establishment and duties of hemophilia advisory committee.

1. The director of the department of public health shall establish an advisory committee known as the hemophilia advisory committee.

2. The committee shall review and make recommendations to the director concerning but not limited to the following:

a. Proposed legislative or administrative changes to policies and programs that are integral to the health and wellness of individuals with hemophilia and other bleeding and clotting disorders.

b. Standards of care and treatment for persons living with hemophilia and other bleeding and clotting disorders.

c. The development of community-based initiatives to increase awareness of care and treatment for persons living with hemophilia and other bleeding and clotting disorders.

d. Facilitating communication and cooperation between persons with hemophilia and other bleeding and clotting disorders.

2007 Acts, ch 31, §3, 7

#### 135N.4 Membership.

1. The following persons shall serve as nonvoting members of the committee:

a. The director of public health or a designee.

b. The director of the department of human services or a designee.

c. The commissioner of insurance or a designee.

2. The following voting members shall be appointed by the director, serving three-year terms:

- a. One member who is a board-certified physician licensed, practicing, and currently treating individuals with hemophilia or other bleeding and clotting disorders.
  - b. One member who is a nurse licensed, practicing, and currently treating individuals with hemophilia or other bleeding and clotting disorders.
  - c. One member who is a social worker licensed, practicing, and currently treating individuals with hemophilia or other bleeding and clotting disorders.
  - d. One member who is a representative of a federally-funded hemophilia treatment center.
  - e. One member who is a representative of an organization established under the Iowa insurance code for the purpose of providing health insurance.
  - f. One member who is a representative of a voluntary health organization who currently services the hemophilia and other bleeding and clotting disorders community.
  - g. One member who is a patient, or caregiver of a patient, with hemophilia.
  - h. One member who is a patient, or caregiver of a patient, with a bleeding disorder other than hemophilia.
  - i. One member who is a patient, or caregiver of a patient, with a clotting disorder.
3. At least one of the appointments made pursuant to [subsection 2](#), paragraphs “g”, “h”, and “i” shall be a patient with hemophilia, a bleeding disorder that is not hemophilia, or a clotting disorder. The committee appointments may be made notwithstanding [sections 69.16](#) and [69.16A](#).
4. If there is a vacancy on the committee, such position shall be filled in the same manner as the original appointment.
- 2007 Acts, ch 31, §4, 7

#### **135N.5 Meetings.**

- 1. The committee shall meet no less than four times per year and is subject to [chapters 21](#) and [22](#) relating to open meetings and public records.
  - 2. Members of the committee shall receive no compensation, but may be reimbursed for actual expenses incurred in the carrying out of their duties.
- 2007 Acts, ch 31, §5, 7; 2008 Acts, ch 1032, §24

#### **135N.6 Report required.**

The committee shall, by January 15, 2008, and annually thereafter, submit to the governor and the general assembly a report with recommendations for maintaining and improving access to care for individuals with hemophilia and other bleeding and clotting disorders. Subsequent annual reports shall report on the status of implementing the recommendations as proposed by the committee and on any state and national activities with regard to hemophilia and other bleeding and clotting disorders.

2007 Acts, ch 31, §6, 7